Patient medication questionnaire – Gabapentin or pregabalin

Complete this before your medication review appointment. Your answers will help your healthcare worker understand how this medicine is affecting you – what's helping, what's not, and what changes you might want to consider.

1. Your medicines

Which medicine are you taking?	☐ Gabapentin ☐ Pregabalin ☐ Not sure
How long have you been taking it?	
Why was it prescribed?	☐ Nerve pain ☐ Fibromyalgia ☐ Back pain ☐ Other: _____

2. How well is it working?

Please rate each area on a scale from 0 (not helping at all) to 10 (helping a lot):

	0	1	2	3	4	5	6	7	8	9	10
Pain relief	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Daily activities (e.g. moving, self-care, work)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sleep	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mood	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3. Side effects

Have you noticed any of these? (tick all that apply)	☐ Breathing difficulties ☐ Feeling sleepy ☐ Dizziness ☐ Tiredness/low energy ☐ Problems with memory or concentration ☐ Poor balance or falls ☐ Weight gain or increased appetite ☐ Changes in mood (e.g. low mood, irritability)	☐ Swollen ankles, feet or hands ☐ Changes in bowel habits (e.g. constipation or diarrhoea) ☐ Dry mouth ☐ Headaches ☐ Blurred vision ☐ Other: _____
Have side effects affected your daily life or wellbeing?	☐ Yes (explain: _____) ☐ No	

4. Withdrawal or missed doses	
If you miss or reduce a dose, do you notice: (tick all that apply)	☐ Pain getting worse ☐ Sweating ☐ Feeling unwell (flu-like symptoms) ☐ Feeling sick ☐ Shaking or trembling ☐ Trouble sleeping ☐ Feeling anxious, restless or low ☐ Fast or pounding heartbeat ☐ Headache ☐ Other: _____
5. Your experience and goals	
Biggest positives of this medicine:	
Biggest downsides or concerns:	
What matters most to you right now?	☐ Improve daily life and function ☐ Reduce side effects ☐ Reduce or stop the medicine ☐ Try something else ☐ Stay on this medicine ☐ Support with mood or mental wellbeing ☐ Other _____
Would you like to talk about any of these?	☐ Exercise (at your own pace) ☐ Physiotherapy ☐ Doing activities in small amounts ☐ Pain education programmes ☐ Sleep and lifestyle support **Resources:** ☐ Live Well with Pain ☐ Pain Concern information ☐ Pain Toolkit ☐ EPP Cymru ☐ Other: _____
Anything else you'd like to share:	